

LGL-002
Request for Disclosure of
Tax Return or Tax Return Information

Part 1 — Who Is Entitled to Make This Request?

- The sole proprietor, if the taxpayer is a sole proprietorship;
- A general partner, if the taxpayer is a partnership or a limited partnership;
- The administrator or executor, if the taxpayer is an estate;
- The trustee, if the taxpayer is a trust;
- A member, if the taxpayer is a limited liability company that is not managed by managers; or a manager, if the taxpayer is a limited liability company that is managed by managers;
- A principal officer, if the taxpayer is a corporation (See Part 3 below);
- The successor, receiver, guarantor or assignee of the taxpayer;
- The authorized representative of any of the above; and
- Any individual, if the request pertains to an income tax return, individual use tax return, or W-2 form(s) filed by that individual (or by an individual and his or her spouse if the request is for a joint income tax return (check applicable box in Part 2 and Part 3).

Mail or hand-deliver this request to the address above, Attn: Director, Taxpayer Services Division. Please put the caption **Request for Tax Return or Tax Return Information** on the envelope.

Part 2 — Whose Returns Are You Requesting?

Taxpayer Name				Social Security Number
Business Name				CT Tax Registration Number
Street Address	City	State	ZIP Code	Federal Employer ID Number

Taxpayer is: (Check box)

- | | | | | |
|--------------------------------------|--|--|--|---------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust (other than a business trust) | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Business Trust | <input type="checkbox"/> Other (specify) _____ | |

Part 3 — Information Requested: (Copy of Return) For Tax Periods: _____

- | | | | | |
|-------------------------------------|--|--|---|---|
| <input type="checkbox"/> Income Tax | <input type="checkbox"/> Sales and Use Tax | <input type="checkbox"/> Corporation Tax | <input type="checkbox"/> Copy of Audit Workpapers | <input type="checkbox"/> Account Reconciliation |
| <input type="checkbox"/> Gift Tax | <input type="checkbox"/> W-2 forms | <input type="checkbox"/> Other Return Type _____ | <input type="checkbox"/> Other (specify) _____ | |

Part 4 — What Is Your Status?

Check a box

- | | | |
|---|--|--|
| <input type="checkbox"/> Sole Proprietor
(check box in Part 2) | <input type="checkbox"/> Partner (check box for partnership in Part 2; attach partnership agreement) | <input type="checkbox"/> Guarantor (attach guaranty) |
| <input type="checkbox"/> Receiver
(attach certificate of appointment) | <input type="checkbox"/> Trustee (check appropriate box for trusts in Part 2; attach trust agreement) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Successor
(attach agreement) | <input type="checkbox"/> Assignee
(attach assignment) | <input type="checkbox"/> Principal Officer (check box for corporation in Part 2; attach last annual report filed with Secretary of the State.) |
| <input type="checkbox"/> Authorized Representative
(attach LGL-001 , <i>Power of Attorney</i>) | <input type="checkbox"/> Executor or Administrator
(check box for estate in Part 2; attach Certificate of Appointment.) | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Member of a limited liability company that is not managed by managers
Check box for limited liability company in Part 2.) | | |
| <input type="checkbox"/> Manager of a limited liability company that is managed by managers.
Check box for limited liability company in Part 2.) | | |

Part 5 — What Is Your Name and Mailing Address?

Name of Person Making Request		Telephone Number	Email Address, if available
Street Address	City	State	ZIP Code

Part 6 — Declaration

I hereby declare that if I am not the taxpayer identified above, I have been authorized by that taxpayer to execute this request on behalf of the taxpayer, and I am permitted by the instructions on this form to make this request. (Attach **LGL-001**, *Power of Attorney*.)

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature	Title	Date
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Instructions

Use **Form LGL-002, Request for Disclosure of Tax Return or Tax Return Information**, to request copies of tax returns, tax return information, or certain other documents, such as audit workpapers or W-2 forms, from the Department of Revenue Services (DRS).

Part 1: Who is Entitled to Make This Request?

- Any individual, if the request pertains to a personal income or individual use tax return filed by that individual (or by an individual and his or her spouse if the request pertains to a joint income tax return);
- A limited liability company (LLC) member, if the taxpayer is an LLC and there is no manager, or a manager, if the taxpayer is an LLC and there are managers;
- The sole proprietor, if the taxpayer is a sole proprietorship;
- A general partner, if the taxpayer is a partnership or a limited partnership;
- The administrator or executor, if the taxpayer is an estate;
- The trustee, if the taxpayer is a trust;
- If the taxpayer is a corporation, a principal officer or corporate officer who has legal authority to bind the corporation; any person who is designated by the board of directors or other governing body of the corporation; any officer or employee of the corporation upon written request signed by a principal officer of the corporation and attested by the secretary or other officer of the corporation; or any other person who is authorized to receive or inspect the corporation's return or return information under I.R.C. §6103(e)(1)(D);
- The successor, receiver, guarantor or any assignee of the taxpayer; **or**
- The authorized representative of any of the above.

Part 2: Whose Returns Are You Requesting?

Provide the taxpayer's name, dba, address, Social Security Number, and Connecticut Tax Registration Number and Federal Employer Identification Number, if applicable.

Check the box that indicates the type of taxpayer for which a tax return or tax return information is being requested.

Part 3: Information Requested

Check the tax type and enter the tax periods or tax years for which you are requesting a tax return or tax return information. The terms **years** and **periods** can indicate various time frames. For example, a **tax year** may be a calendar year of 1/1/99 through 12/31/99 or a fiscal year of 7/1/98 through 6/30/99 for corporation tax. A **tax period** may have one or more monthly or quarterly periods. For example, a sales and use tax period of 1/1/97 through 12/31/99 may contain 36 monthly or 12 quarterly periods. Please be specific.

For a copy of W-2 forms, please provide the complete name and address of the employer (s), including the federal employer identification number, if available. Attach a separate sheet with the requested information.

Part 4: What Is Your Status?

Check the box that indicates your relationship to the taxpayer for whom you are requesting a copy of a tax return or tax return information. You must also attach the requested documentation to support the status that entitles you to make this request.

Part 5: What Is Your Name and Mailing Address?

Provide the requested information so a DRS representative can contact you if we need additional information.

Part 6: Declaration

You must sign the declaration section of LGL-002. Only the taxpayer or an authorized representative listed in Part 1 can sign this section. For example, the taxpayer is other than a natural person (an estate), DRS requires the signature of the individual who is the authorized representative of the taxpayer.